

Dr. Albert Marten
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 26 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2888
State File No. _____
Registrar's No. 60

Registration District No. 627

Primary Registration District No. 5263

1. PLACE OF DEATH

(a) County Mississippi
(b) City or town Rural
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 4 yrs 4 mo. 11 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME ARLEY EUGENE BAKER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced P

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 31, 1937
(Month) (Day) (Year)

8. AGE: 4 Years 4 Months 11 Days If less than one day hr. min.

9. Birthplace East Prairie, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Arley Edwards Baker
13. Birthplace East Prairie, Mo. (City, town, or county) (State or foreign country)
14. Maiden name Dorise Skinnis
15. Birthplace Unknown Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Arley Edwards Baker
(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.P.W. & Son's Mo.

18. (a) Signature of funeral director Charles Shelly

(b) Address East Prairie, Mo.

19. (a) 12/13/1941 (b) Mrs. S. M. Dodge
(Date received legal registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1941 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from 12/12, 1941 to 12/12, 1941

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Duration _____

Due to Dupuytren's

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. J. Marten (M. D. or other) _____

Address East Prairie Date signed 12-12-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Office W.B. F.

District File Number 142-27

Date Filed 1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2726

P. O. Address. East Prairie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.